PTO/SB/22 (11-07)
Approved for use through 11/30/2077 OMB 9551/033
U.S. Patent and Trademark Office, U.S. DEPARKENT OF COMMERCE
Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional)		
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	KHA0002		
Application Number 10/560,120	Filed December 8, 2005	Filed December 8, 2005	
For MODULAR TRANSMISSION UNIT, IN PARTICULAR MULTISTAGE TRANS	MISSION		
Art Unit 3681	Examiner Ha D. Ho		
This is a request under the provisions of 37 CFR 1.136(a) to extend the pe application.	riod for filing a reply in the	above identified	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<u>Fee</u>	Small Entity Fee		
One month (37 CFR 1.17(a)(1)) \$120	\$60	\$_60.00	
Two months (37 CFR 1.17(a)(2)) \$460	\$230	s	
Three months (37 CFR 1.17(a)(3)) \$1050	\$525	s	
Four months (37 CFR 1.17(a)(4)) \$1640	\$820	s	
Five months (37 CFR 1.17(a)(5)) \$2230	\$1115	s	
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which ma			
Deposit Account Number 02-0385 I have enclosed a duplicate copy of this sheet.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTC-2038.			
I am the popularion and authorization on P10-2038.			
assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
attorney or agent of record. Registration Number26,280			
attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34			
	February 8, 20	08	
Signature	Date		
John F. Hoffman	260-424-8000		
Typed or printed name	Typed or printed name Telephone Number		
NOTE: Signatures of all the anyentous of assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
Total of forms are submitted.			
This collection of information is required by 37 CFR 1 136(a). The information is required to obtain USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.1 complete, including gathering, preparing, and submitting the completed application form to the US	and 1.14. This collection is estim	ated to take 6 minutes to	

comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2